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ABSTRACT

The paper describes Florida's SEARCH and TEACH program designed to prevent learning disabilities and their emotional consequences in children. SEARCH, a scanning test to identify kindergarten children at risk for problems with academic learning, is based upon the importance of age appropriate functions of spatial orientation and temporal organization for later language arts and reading. Ten subtests of SEARCH assess functioning in visual spatial orientation, visual-motor function, and in body image orientation as seen in right-left discrimination, finger-gnosis, and praxis. Auditory sequencing and discrimination are also measured, along with intermodal integration of these functions. Test norms (including development of local norms) and interpretation are discussed as are administration aspects. The TEACH component features 55 tasks designed to train out the deficits uncovered by SEARCH; these tasks are organized in five clusters: visual, visual-motor, auditory, body image, and intermodal tasks. The tasks are arranged in a developmental sequence of increasing difficulty and participants are trained in those areas in which they have difficulty. Problems in implementing the TEACH program are described and solutions, such as the use of trained aides, group techniques, and alternative organizations (transitional programs and resource rooms), are outlined. (CL)

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Implementation of a Program for the Prevention of Learning Disabilities*

Archie A Silver, M.D.**

In August, 1983, the Florida State Legislature appropriated support for a joint project of the University of South Florida Colleges of Medicine and of Education to develop a model program for the prevention of learning disabilities and their emotional consequences. This project was to be based upon the SEARCH and TEACH model, a program devised and tested by the Preventive Psychiatry Unit at New York University College of Medicine and validated in 1979 by the U.S. Joint Dissemination and Review panel as a cost effective program which works (Silver and Hagin, 1976, 1981; Hagin, Silver and Kreeger, 1976; Silver, Hagin and Beecher, 1978, 1981). The Florida legislative mandate called for the development of 3 demonstration schools in Hillsborough County, Florida; one a large school in a suburban area with children drawn from a mixed socio-economic base, the second a smaller school with over 50% of its children from the lower socio-economic group and the third, a medium sized school, with most of its children from upper middle class families. Although the 3 demonstration schools are located in

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Hillsborough County, they are to serve for instruction and training for all schools in the state of Florida, and the staff of the project are to be available for site visits to other schools in the state to implement dissemination of the models. In addition, training in methods for the prevention of learning disabilities were to be given to selected students in the College of Education.

This report will review briefly the content of the SEARCH and TEACH program and describe experiences in its implementation in Florida.

The SEARCH and TEACH program has two major and one optional component. The two major components are: 1) SEARCH, a scanning test, for the identification of children whom we predict will have difficulty with academic learning, and 2) TEACH, a series of intervention tasks, designed to train out the deficits uncovered by SEARCH. The optional component is a comprehensive neuropsychiatric-psychological evaluation for selected children found to be vulnerable to learning failure to understand why that child will fail and to devise, for him, appropriate and sufficient intervention.

SEARCH is an individual test, taking about 20 minutes to administer. It is designed to be administered during the kindergarten year and it predicts with the validity of 1% false positives and 10% false negatives which child will fail academically by third grade unless specific intervention is offered to supplement the usual Kg - 3 curriculum. SEARCH is based upon the principle that unless a child has attained age appropriate functions of spatial

orientation and temporal organization, he will have difficulty mastering reading, and the language arts. This principle stems from experimental, as well as experiential, sources. The 10 subtests of SEARCH, therefore, are designed to assess the level of function in visual spatial orientation, in visual-motor function, and in the orientation of the body image in space particularly as seen in right-left discrimination, finger-gnosis, and praxis. Temporal sequencing is determined by an auditory sequency test, and by auditory discrimination. In addition, intermodal integration of these functions is tested by 2 intermodal tests.

The face sheet of the record blank of SEARCH (Fig. 1) identifies and groups the 10 subtests. The subtests are designed to measure specific aspects of spatial and temporal organization. The SEARCH manual describes each sub-test in terms of its purpose, test materials needed, specific directions for administration, recording of results and method for scoring. A child obtains a raw score for each of the subtests. The raw scores are then compared with norms.

It is obvious that the choice of norms with which any child is compared is a vital part of the determination of vulnerability. The SEARCH manual has age norms for children age 63 months to 80 months, charted in increments of 3 months and based on 2319 children from 9 schools in New York City and 22 schools in North Carolina. These children represented an intact sample which included every child in the kindergarten grade, coming from varied socio-economic and ethnic backgrounds with 87% of them between 66 and 77 months of age.

In addition, however, specialized norms have been derived for kindergarten children (N=311) in inner city schools, in suburban schools (N=959) and from independent day schools (N=384). With the exception of norms from independent day schools, the norms are not significantly different. While the distribution of raw scores for the normative group is important, the critical score is that point in the distribution at or below which the child functions below his peers. Around this point centers the consideration of vulnerability and learning failure. Above this critical cut off score, the child is considered to have adequate ability in that function. At or below that score his ability in the function measured by the subtest is not considered adequate. In the development of SEARCH, this point was established as that score which delineates the lowest one-third of the distribution of scores on each subtest. This point we call VAB (vulnerable and/or below score). Utilizing these cut off scores, total SEARCH scores may be determined. A total SEARCH score of 5 or below predicts that child will have academic difficulty. This cut-off score will encompass approximately 25% of the total population. Of these, children who score 0-3 will have evidence of some neurological difficulty or are functioning in a retarded range of cognitive ability. Table 1 illustrates the relationship of SEARCH score to clinical diagnosis.

Insert Table 1 about here

For each raw score for each subtest stanines are calculated. The purpose for this, of course, is to convert raw scores to standard scores so that various population samples and repeat examinations may be compared. Clinically, both

the VAB scores and the total SEARCH scores are important. The total SEARCH score is used to predict vulnerability. The component subtest scores, however, offer a profile of perceptual assets and deficits, thereby, as we will see, providing cues for immediate intervention.

In practice, in addition to the availability of age norms and of specialized group norms, both of which appear in the manual, local norms are recommended. Age norms permit comparison of an individual child's test performance with a broad sample of children of the same chronological age; specialized norms may be used with small groups with unique demographic or educational characteristics. If specialized norms are used, the examiner should determine whether the statistical characteristics of the norm group selected are similar to those in the examiner's group. This can be done by computing means and standard deviations for the group tested and comparing these data with measures of central tendency and variability reported for specialized norms in the manual.

Local norms, however, are recommended. They permit comparison of a child's performance with classmates in the same setting and avoid changes of ethnic or socio-economic bias. Local norms may be derived when the test is given to entire population samples (e.g., all the children in kindergarten class) and data are available for at least 80 children.

In the Florida model project local norms are used. In developing local norms, population samples should be tested at approximately the same month each year. In the development of SEARCH, the test was given in the spring of the kindergarten year, in about March or April; this was done in the belief that

1st grade was the ideal time for intervention. In the PREP program, however, testing is mandated in the first 8 weeks of school, in September and October of the kindergaten year. The time of administration, however, should be determined by 2 considerations: 1) To give the newly entered kindergarten child time to be exposed to school routine, to testing in whatever form, and to have experienced the stimulus of the beginning curriculum. Although most children have had the benefit of pre-school experience, the reliability of testing in the first few months of kindergarten must be considered. 2) The ability to provide intervention in the kindergarten year. We believe that intervention should take place as soon as possible after determination of vulnerability. Testing without providing for needed treatment is but half the battle, leaving parents and teachers frustrated and bewildered.

At this writing, we have in the Florida program 2 sets of local norms. The first of these is a comparison between the norms derived when kindergarten children are tested in October as compared with testing in January, a time difference of 4 1/2 months. The purpose of this comparison was to determine whether the early testing done in conformance with the PREP requirements for testing in the first 8 weeks of school would yield results consistent with those of late winter testing. This study was done by scanning all children in the kindergarten classes of the suburban model school in the years 1982-83 (N=120) and in 1983-84 (N=118). The suburban model school is large, serving 1200 children K-6, drawing largely from a lower-middle socio-economic base (Hollingshead group III and IV; clerical, sales, craftsmen, foremen, operatives). The 1982-83 group (model birthdate 1977) were tested in October, 1982; the 1983-84 group (model birthdate 1978) in late January, 1984. The

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October testing was a trial one in conformity with PREP mandates. The January testing enabled the children to become adjusted to school and exposed to its stimulation. A slight but significant difference may be seen in the cut-off point for each group, with those in the January testing scoring at a higher level in 7 of the 10 subtests.

Insert Table 2 about here

This, of course, is expected with the January group 4 months older than the October group at time of testing, but more important having been exposed to the stimulation and experience of 4 months of kindergarten.

In spite of this difference in cut-off scores, however, the distribution of scores was strikingly similar with 25% of each group designated as vulnerble to learning failure.

Insert Table 3 about here

Of these, 3.4% of bd. 1977 achieved a score in the 0-3 range contrasted with 6% in the bd. 1978 group. The number of children scoring 4-5 was similar (21% vs 19%) and those scoring 6-7 was roughly equal (36% to 39%) as were those in the 8-10 range (45%, 42.4%).

These data suggest that although the absolute raw scores may differ, the distribution of total SEARCH scores will be similar and hence the identification of children vulnerable to learning failure will not suffer if

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testing is done in October and November of the kindergarten year, provided, of course, that local norms are determined for the early testing.

The second set of local norms is derived from results of January testing of all children in the kindergarten classes of the three model schools in the program. This comprised 230 children, 120 from the suburban school, 41 from the inner-city school and 71 children from the upper-middle class school. Although the children came from varied background, the norms with all these schools combined are identical with those obtained in the suburban school. Each school, however, differed in the percent of vulnerable children identified.

As seen from Table 4, while 25% of the suburban children scored in the 0-5 range, 46% of the kindergarten children of the inner-city school, and 12% of those in the upper middle class school are in that vulnerable range.

Insert Table 4 about here

This result is not surprising. Repeated studies have documented the relationship between learning problems and low socio-economic levels. It also documents clearly the great need of the inner-city school for increased resources to cope with the large number of vulnerable children in that school.

Insert Table 5 about here

Table 5 compares the sub-test scores of the sample with that of the published norms which appear in the manual. These results suggest that the published norms are generally replicable but more important that the abilities of children in a suburban school in Florida in tests of spatial orientation and temporal organization are not dissimilar to those of suburban school of New York City. In spite of differences in geography, possible differences in cultural exposure, these children are the same when viewed with SEARCH.

In terms of logisitics of the administration of SEARCH: In October, 1982, without funding, teachers of the 5 kindergarten classes at the suburban school, 2 PREP diagnosticians, and one PREP curriculum specialist were taught to administer the test. Training was not difficult, done in a workshop of 3 hours, supplemented by observation of an experienced SEARCHer and supervised administration of each tester as she administered the test. A supervisor of our staff (Dr. Gay Gold) actively participated in the testing and was available for questions. The raw data was calculated, VABs and stanines calculated, total SEARCH scores then obtained. Vulnerable children were then identified.

In 1984, a different system was used. Here, a group of 6 volunteers from the Community, all with some teaching experience, but now housewives and mothers, were trained in administration of SEARCH. This was done via a 3 hour workshop, and supervised administration. These 6 people, plus graduate students in the College of Education, examined all 118 children within a period of one week. These same trained people, completed testing at the suburban school in the last week of January, and in the two other model schools by 2nd week of February. Just how the interest of people from the community will be sustained for

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subsequent years to do testing has yet to be determined. To institutionalize the program in any school, however, it is best to have people in that school actually do the testing. This, as will be seen, is also true for the intervention with TEACH.

The relatively large numbers of kindergarten children which SEARCH predicted will have academic difficulty has been questioned. It must be remembered, however, that SEARCH is not specifically identifying children with specific learning disability, but it finds children who will be slow learners for any reason. This includes children with low cognitive ability, those whose perceptual experience in the pre-school years was inappropriate or inadequate, those with all varieties of organic defects of the central nervous system, those with interfering emotional problems, and those with peripheral sensory defects. In short, SEARCH will tell us who will fail, it does not tell us why the child will fail. As indicated above, fortunately, most of the children SEARCH identifies will have the immaturity in spatial orientation and temporal organization characteristic of the specific learning disability, the 4's and 5's of SEARCH. These children may immediately be placed in an intervention program with the confidence that this remediation alone will be sufficient. The 0-3's, too, will need educational intervention, but this frequently will not be sufficient. These children need comprehensive evaluation by the clinical team. The neuropsychiatrist and the psychologist provide understanding of these children. With written permission of the parents, these children are examined in the school, a part of the child's school day. The medical school clinic is only used for such additional tests as EEG, CT scans, and chemical

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and genetic studies. These findings not only guide comprehensive management, but offer insights to the teacher in educational remediation.

The neuropsychiatrist and psychologist have larger roles. They are available to see any child in the program who is not making expected progress. They are on-site to observe the child's behavior and response to the training sessions and they add a high level clinical component to the educational one. We have found it helpful to set one hour per week aside for formal conferences with the entire program staff, to discuss problem children and their management.

Identification and diagnosis are only two parts of the preventive program. The third and very important component is intervention. The content of educational intervention is based on the principle that the deficit perceptual areas, the immaturities identified in SEARCH, are trainable and that once these functions are brought up to age appropriate levels, the child will be able to master the reading instruction of the classroom. To provide training in these functions of spatial orientation and temporal organization, a series of teaching tasks was designed and tested. These tasks, numbering 55, are collated in a manual called TEACH. They are organized in 5 clusters designed to mesh with the subtests of SEARCH and include visual, visual-motor, auditory, body-image, and intermodal tasks. In each cluster, the tasks are arranged in an organized developmental sequence of increasing difficulty. Obviously, in the training process, each child does not go through each of the tasks of each cluster. Rather, the child is trained in those areas in which he has difficulty, starting at a level in which he can be successful enough to avoid frustration

and failure. Priorities are selected on the basis of the perceptual immaturities identified by SEARCH.

As the SEARCH and TEACH program was originally developed at New York University, kindergarten classes were scanned in the spring of the school year and intervention started in the first grade. A resource room model was used. A teacher of the school in which the program was introduced was designated by the principal, with the consent of the teachers' union, as the resource room teacher. This was her full-time job. The resource room teacher was initially supervised and aided by one of the master teachers on the medical school staff. As the years went by, the resource room teacher was assisted by an aid, also assigned to the program by the school principal. Thirty children were easily trained in each school each year in the project. Most children completed their training in one year, some required two. Results of this program, in controlled studies in terms of academic performance and school adjustment, have been published (Silver, Hagin and Beecher, 1981; Silver et al, 1976, 1980; Silver and Hagin, 1980).

The tendency, however, is to push intervention back into the kindergarten year. Perhaps the child at age 5 can be trained in the skills of spatial orientation and temporal organization.

In Florida, under stimulus of the PREP program, this was attempted in the 1982-83 academic year with children whose model birthdate was in 1977. Thirty children of the 120 in 5 kindergarten classes were found vulnerable to learning failure by SEARCH. One teacher had 8 of the vulnerable children in her class,

another 7, another 6, another 5, and the fifth class had 4. Each of the 5 teachers, and the PREP specialist was trained in the use of TEACH and each teacher was expected to find time during the school day to work with each of her vulnerable children. This, of course, was an unrealistic expectation. Each teacher had at least 25 children in her class, housed in portables with one large portable containing two classes. Three of the kindergarten teachers did find time during children's rest time or during lunch to work with one or two children. The aids were not utilized.

A further complication was that, once it was known that a neuropsychiatric team was available, first grade teachers began sending their difficult children for study and aid in treatment. Children of the first grade who could benefit from TEACH were identified and 10 of these were treated by the PREP specialist who found time between her many other duties to do this specialized individual work. In spite of these difficulties, the teachers were enthusiastic about the program, the principal very supportive, and the PREP diagnostician and PREP specialist eager participants.

As the school year 1983-84 began, we were faced with the unsolved problems of the previous year. 1) The kindergarten children of the previous year, identified as vulnerable to failure and not treated, are now in first grade; 2) 2nd graders identified as vulnerable in their first grade and not having adequate treatment then.

Two different strategies, a transitional class and a resource room, were utilized to cope with these problems. Twenty of the kindergarten children

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identified in 1982 were considered by the school staff as not ready for first grade. These children were put into a transitional class. Each of these children had severe learning problems for a variety of reasons. Each needed the benefit of specific perceptual stimulation. It was decided, therefore, to modify TEACH for use as a group training program. This required enlarging the task cards for group use and designing a curriculum for the transitional class so that the entire clas had two one-half hour sessions each day with the TEACH materials. This was done during the summer by Ms. Mary Libroth, who was then PREP specialist and now curriculum coordinator for the suburban school. It is true that some of the children did not need all the tasks in all the clusters, but in the interest of managing the entire group, each child is scheduled to be exposed to all the teaching tasks. Where the teacher finds that group work is insufficient for a given child, individual help will be offered. So far, the group program appears to be effective. Certainly the teacher is enthusiastic and in spite of children with attention problems and hyperactivity, group work with certain of the tests, particularly the auditory, body image, and intermodal ones, can be done with the entire class. For the visual, visual-motor and some of the body image tasks, the class is broken down into groups of 4 or 5 with teacher and aid and parent volunteer working with each small group. It remains to be seen how effective this group method will be.

The second strategy deals with children with learning problems in the mainstream 1st and 2nd grade. This year, a resource room was made available to the program. This is a large room which may be divided into 4 work stations, so that 4 children may receive intervention at any one time. The problem was not space, but who was to train the children. Because of budget constraints,

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the principal was not able to assign a full-time teacher to this project. Accordingly, the basic teaching was to be done by parent volunteers, each parent committing herself to work at least two half days each week. During that time each volunteer may work individually with two to four children, each week throughout the school year. The resource room was organized and supervised, and the parents trained, by a graduate student from the College of Education, all backed by the clinical staff of the medical school. The entire program is school based. The parent volunteers were mostly those whose own child was in the program. However, the children with whom each volunteer was to work are not her own.

The year started very well with seven dedicated volunteers and a graduate student having 32 first and second graders in intervention. This was maintained until December when two of the volunteers found paying jobs and left the program.

We have not given up on parent volunteers, but it would seem a shaky foundation upon which to build a program to be institutionalized within the school and independent of the program developers. Ideally, for 1st and 2nd graders, there should be one teacher or one good teacher aid from the school manning the resource room as her full-time job. As a step down from that position, selecting the best of the parents in terms of interest and ability and arranging payment to her, and have this become her full-time job and work committment.

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So far, we have described the intervention program as it evolved in the suburban school. In 1982-83 kindergarten teachers found time only with difficulty to work with the vulnerable children in their class, and the PREP specialist training 1st graders was on an adhoc basis. This year, as I have indicated, TEACH was modified as a group training device for the children in the transitional classes. For first grade children, parent volunteers worked in a resource room organized and supervised by a graduate student of the College of Education.

This year we are faced with another problem. The scanning of this year's kindergarten class has been completed; the vulnerable children identified. This year, rather than have kindergarten children in treatment on an adhoc basis, the teacher aids of kindergartens will be trained in use of TEACH and each will be given time to work with at least three children each, seeing each child for 20 minutes, three times each week. The content and use of TEACH may be mastered by intelligent and willing teacher aids. This has been successful in programs in New York City.

An alternative procedure for kindergarten is the use of group techniques. The modification of TEACH, as now used in the transitional class, may easily be incorporated into the curriculum of kindergarten. Actually, TEACH seems most appropriate for kindergarten, dealing as it does with skills which mature at ages 5 and 6, and with materials which are appropriate for that age. However, unlike the curriculum for transitional classes, the kindergarten curriculum must be approved by a centralized county Board of Education. We hope to

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evaluate the results of group training to have a firm basis for our recommendations for the use of this technique in kindergarden.

At the inner city school, there are only two kindergarten classes and one transitional class. Teachers of each, together with their aids, will work with the vulnerable children in their classes and our project will have a half-time graduate student from our College of Education as trainer and supervisor. In the transitional class, too, the group modification of the TEACH material will be introduced.

At the upper middle class school, the teachers of the three kindergarten classes and their aids are currently being trained in the use of TEACH. As seen in Table 4, there are but nine children identified as vulnerable to learning failure. In this school, too, the diagnostician of the PREP program is enthusiastic and competent in implementation of the TEACH materials.

Each of the model schools presents idiocyncratic problems in implementation of the intervention program. The large suburban school with its large numbers of children vulnerable to learning failure has led to the development of techniques for group training and the utilization of parent volunteers as remedial resources; in a smaller school with a small number of children identified as vulnerable, training may be done directly in the kindergarten room by aids supported by existing school personnel; in an inner city school with a large percentage of their kindergarten class needing the additional and specific training which the SEARCH and TEACH program offers, group techniques in both kindergarten and transitional classes may be the preferred approach.

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It is the object of the University to institutionalize the program in each school, to have the University serve only as consultants, trainers, researchers and to be available for the comprehensive evaluation of children who, in spite of the program, still fail to learn.

Summary

This report has attempted tc summize the implementation of a program for the prevention of learning disabilites in three model demonstration schools in Hillsborough County, Florida. The program is based upon the SEARCH and TEACH materials. SEARCH, the identification component, may be given in October and November of the Kindergarten year or in January and February of that year withouth sacrifice to the number of children identified as vulnerable to learning failure. The scores utilized to determine vulnerability in Hillsborough County are similar to those of a suburban kindergarten population in New York City. Various models of intervention were tried. The use of school personnel to ensure continuity of intervention appears most desirable. Where parent volunteers are used, there tends to be a fall off in attendance as the parents obtain paying jobs. It is suggested that payment of a salary to a dedicated and able parent is one way of ensuring continuity.

In smaller schools and/or where the numbers of vulnerable children are not greater than 2-3 per class, the kindergarten teachers and their aids are utilized in intervention.

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Where the number of potential academic failure is high, as in the transitional class, modifidation of TEACH material for group training has been done. We have yet to evaluate the results of such group work.

What is impressive is that the program is flexible enough to fit the various problems which various schools present.

FIGURE 1

SEARCH Record Blank

NAME _____ DATE TESTED Year ____ Month ____ Day ____

SCHOOL _____ GRADE ____ ROOM ___ DATE OF BIRTH ____ ____ ____

INITIAL READING ESTIMATE _____ AGE ____ ____ ____

EXAMINER _____ NORMATIVE GROUP SELECTED _____

SEARCH Component	VAB	Raw Score	Stanine
Lamb Chop Matching (LCM)	( )		
Lamb Chop Recall (LCR)	( )		
Designs (DE)	( )		
Rote Sequencing (RS)	( )		
Auditory Discrim (AD): Total	( )		
Objects ____			
Syllables ____			
Articulation (ART)	( )		
Initials (IN)	( )		
Directionality (DIR)	( )		
Finger Schema (FS)	( )		
Grip	( )		
SEARCH Score		[ ]	

Perceptual Profile

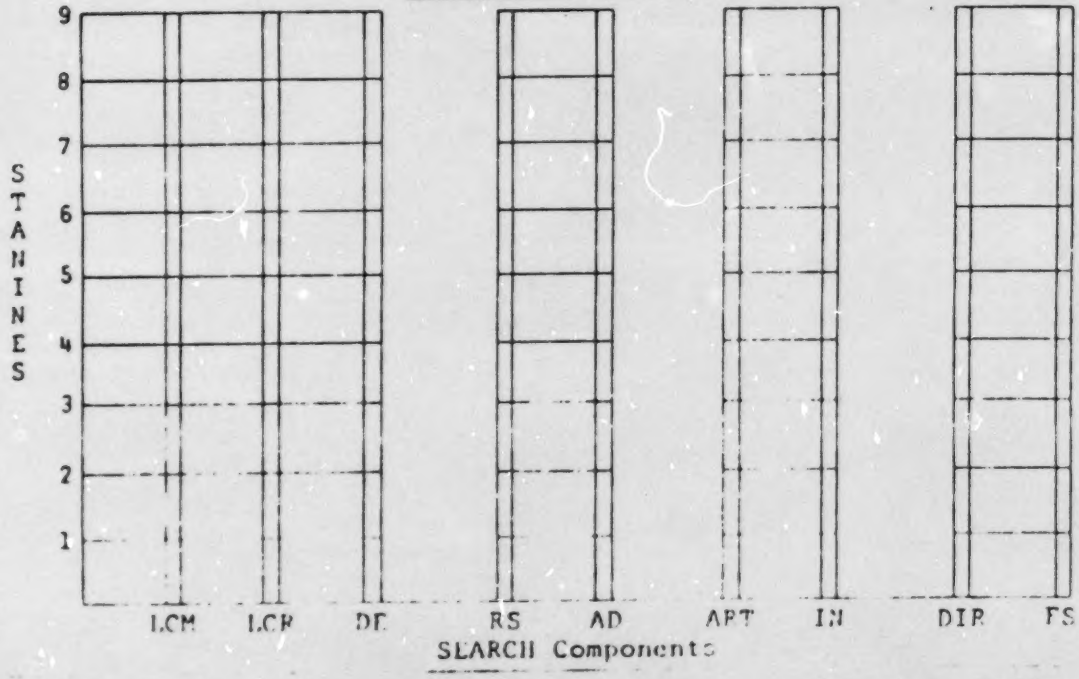

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TABLE 1

SEARCH Scores and Clinical Diagnosis
First Grade Kips Bay School and Soho School 1973-74

Total SEARCH Score	Chr. Ill.	Gen. Ret.	Organ.	SLD	Emot. Fam. Prob.	No Dev.	Cult. Diff.	TOTAL
8 - 10			1	1	5	61	1	69
6 - 7			2*	7	17	16	1	43
4 - 5	1		6	23	3	2	2	37
0 - 3	1	2	19					22
TOTAL	2	2	28	31	25	79	4	171

* One child was in our nursery program and so had the benefit of intervention. Her SEARCH score, therefore, is higher than expected from her diagnosis.

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TABLE 2

CUT-OFF POINTS (VABs) ON EACH SUBTEST OF SEARCH
(in terms of raw scores)

SAMPLE SOURCE		LCM	LCR	DES	SEQ	DISCR	ART	INIT	DIR	FG	PG
Florida Schools	Oct. testing (b/d 77)	2	1	2	4	13	16	0	4	6	N
	Jan. testing (b/d /8)	3	2	3	6	13	16	2	5	7	N
SEARCH Manual	Suburban norms	3	2	2	6	15	17	1	5	7	N
	Ages 69-71 months	3	2	3	3	10	13	0	4	6	N
Florida Independent Day Schools		5	2	3	8	16	17	6	5	7	N

TABLE 3

DISTRIBUTION OF SEARCH SCORES
Kindergarten Suburban School

	Oct 1982		Jan 1984	
	N	%	N	%
0 - 3	4	3.4	7	6
4 - 5	26	21.6	22	19
5 - 7	36	30	39	33
8 - 10	54	45	50	42
Total	120	100	118	100

TABLE 4

DISTRIBUTION OF SEARCH SCORES
Florida Model Programs

	Suburban School		Inner-City		Upper-Middle Class	
	N	%	N	%	N	%
0 - 3	7	6	8	19	3	4
4 - 5	22	19	11	27	6	8
6 - 7	39	33	11	27	28	39
8 - 10	50	42	11	27	34	49
TOTAL	118	100	41	100	71	100

TABLE 5

COMPARISON OF SEARCH SUB-TEST SCORES
Florida Suburban School (bd. 1978)
vs.
NYC Suburban Schools

	SEFFNER		NYC	
Subtest	means	standard deviation	means	standard deviation
LCM	4.7	2.3	4.9	2.4
LCR	3.2	1.9	3.4	1.9
DES	3.6	1.2	3.3	1.3
SEQ	9.2	3.9	8.8	4.3
DISCR	15.0	3.4	16.0	3.7
ART	17.4	2.9	17.8	2.7
INIT	5.6	3.7	4.5	3.7
DIRECT	7.5	2.6	6.7	2.2
FG	9.5	3.1	9.2	3.4
PG	---	---	---	---

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